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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

2

Application Number	10/599,253
Filing Date	08/11/2009
First Named Inventor	Jan-Erik Olsson
Art Unit	2836
Examiner Name	DeBerardinis, Robert L.

Attorney Docket Number

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
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<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>Response to: "Notice of Non-Compliant Amendment Claims with proper status identifiers. Notice mailed 2011-10-19 Confirmation No: 6289</td> </tr> </table>			Remarks	Response to: "Notice of Non-Compliant Amendment Claims with proper status identifiers. Notice mailed 2011-10-19 Confirmation No: 6289
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Jan-Erik Olsson		
Date	11/16/2011	Reg. No.	

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